

**CERTIFICATE OF AUTHORITY APPLICATION
OF A
FOREIGN LIMITED LIABILITY COMPANY**

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
FAX (605)773-4550

**FIRST ANNUAL REPORT
OF A
LIMITED LIABILITY COMPANY**

1. The name of the Limited Liability Company is:
2. The state or country under whose law it is organized is: _____
3. The **address** of its registered office and the **name of its registered agent** for service of process in South Dakota is:
4. The address of its principal office is:
5. The names and business addresses of any managers:
6. The dollar amount of the total agreed contributions to the Limited Liability Company is \$ _____.*

Date: _____

(Signature and Title)

*** FILING FEE: \$550**